

TESTIMONY OF MARK E. GEBHART, MD
ASSISTANT PROFESSOR OF EMERGENCY MEDICINE
BOONSHOFT SCHOOL OF MEDICINE AT WRIGHT STATE UNIVERSITY
BEFORE THE
HOUSE COMMITTEE ON HOMELAND SECURITY
SUBCOMMITTEE ON EMERGENCY PREPAREDNESS, SCIENCE AND
TECHNOLOGY

“INCIDENT COMMAND, CONTROL, AND COMMUNICATIONS DURING
CATASTROPHIC EVENTS.”

SEPTEMBER 29, 2005

Chairman King and Members of the Committee, good afternoon. My name is Dr. Mark Gebhart and I currently serve as assistant professor of emergency medicine and director of the Homeland Emergency Learning and Preparedness Center at Wright State University – Boonshoft School of Medicine in Dayton, Ohio. I am honored to represent the profession of medicine, the specialty of emergency medicine, the profession of firefighting and our nations urban search and rescue community. I hold board certification through the American Board of Medical Specialists in emergency medicine. I hold the rank of deputy fire chief and chief medical officer for the City of Kettering Fire Department and I serve as task force medical manager, Ohio Task Force One, Urban Search and Rescue. I responded with Ohio Task Force One to Gulfport, Mississippi on August 28th of this year and spent eight days searching the communities of Gulfport, Pass Christian, and Long Beach, Mississippi.

Background on Emergency Medicine and Incident Management

The specialty of emergency medicine is one of the youngest recognized specialties in medicine. Over one hundred and forty training programs exist in the United States, training the nation's specialists in emergency care. These graduates fulfill a vitally important role in our country, that of our nation's safety net. The nations emergency departments are open twenty-four hours a day, three hundred and sixty five days per year. The nations emergency departments are also required to operate in times of catastrophic disaster. No specialty in medicine is better prepared to assume the role of disaster responder than my colleagues in emergency medicine.

Hospitals across our nation have begun teaching the hospital emergency incident command system – adapted from incident management utilized in public safety response plans. The implementation of these programs has been met with modest success. Many emergency physicians serve local fire and police departments in roles including medical director, tactical physician, or in cases such as my own, as a member of an urban search and rescue team. As a result of this participation, many emergency physicians have first hand knowledge of incident management, function seamlessly in incident management systems, and have become compliant with presidential directives regarding the national Incident Management System (NIMS). I attribute my NIMS compliance directly to participation as a fire officer and as a member of an urban search and rescue team.

The material contained within the NIMS educational initiatives was tested during the response to hurricane Katrina. My eyes could not have been prepared for the devastation and destruction I observed as our task force moved into Gulfport, Mississippi. Lives lost, homes destroyed, families forever gone were vivid, real, and memorable experiences I will have for the rest of my life. Operating within the structure of NIMS, our task force, other task forces, and other response teams such as North Carolina's Disaster Medical Assistance Team NC-1 and Alabama Task Force One (a state urban search and rescue team) were able to operate from a common point of reference. Skilled incident support teams provided leadership. These incident support

teams consisted of numerous professionals and included physicians specializing in emergency medicine. Problems were identified, solutions were sought, and specific changes in operations, planning, and logistics resulted from interaction between professionals. It must be mentioned that the common understanding of incident management facilitated this management structure. This serves as an example of the requirement for all specialties in medicine to become aware of incident management and for selected disciplines to become completely NIMS compliant.

The Role of Emergency Medicine in Educational Initiatives

The nation has responded in the post 9-1-1 era with many educational initiatives. An outstanding example of the role played by the specialty of emergency medicine is a strong and healthy relationship between the Ohio Chapter of the American College of Emergency Physicians and the Homeland Emergency Learning and Preparedness Center at Wright State University. These entities collaborated two years ago to deliver courses from the National Disaster Life Support Foundation. Course work was funded by the Ohio Department of Health and delivered by Ohio's emergency physicians. These educational initiatives included basic principles of incident management, response to catastrophic natural and man made disasters. Ohio continues to have a strong role in educating responders at all levels and has trained in excess of 2000 responders in three states.

National efforts through the American College of Emergency Physicians are a broader and more distributed network of educational initiatives seen by many in the specialty as the gold standard. Currently, relationships are evolving to strengthen the role of the college in disaster preparedness and education. The college is committed to the nations first responders and its members.

The specialty of emergency medicine has stood hand in hand with the nations emergency medical technicians and paramedics. Emergency medicine specialists are the recognized leaders in providing oversight and medical direction to the nations first medical responders. As such, emergency physicians are tasked with prescribing the programs of study, continuing education delivery, and ongoing quality assurance monitoring. Numerous emergency physicians have prescribed and delivered incident management training to emergency medical technicians.

Areas for Improvement

Mr. Chairman, the nation is preparing to be prepared. Emergency medicine, physicians in other specialties – now categorized as first responders are beginning to awaken and realize the need to embrace the tenant's of President Bush's plans for a national incident management system. We have a long way to go. As a physician with Ohio Task Force One, I watched as physicians in Gulfport wondered how we do what

we do. How we understand roles, responsibilities, and clearly work as a team to solve a given situation.

The nation's fire and rescue services, emergency medical services, and recently public health practitioners have embraced incident management in many of the nation's larger and more financially stable communities. Much of the nation's rural and frontier communities, served by volunteers have not. In these same rural and frontier communities, medicine parallels the public safety-first responders in its need for educational initiatives. The United States House of Representatives has developed legislation for a Rural Domestic Preparedness Consortium. To date, no progress has been made on identification of members, development of training programs, and most importantly, little has been done to empower these first responders.

Higher education in our nation must embrace the role of provider of educational initiatives related to incident management. These institutions should be allowed to acquire the resources necessary to form collaborative relationships across the nation with fire and police departments, professional associations such as the international association of fire chiefs, governmental bodies, and the private sector.

The nations colleges and universities could fulfill a vitally important role in preparing all aspects of our nation utilizing an all-hazards approach to disaster management, response and recovery.

Awareness/Education Campaigns

The Department of Homeland Security has developed and fielded educational initiatives directed at providing the nation's first responders with a high quality educational experience. In addressing the nation's medical compliance with incident management, we simply must more openly make physicians aware of this material. Plans should be made to encourage boards of medicine in each state to explore specific requirements for physicians – now members of our nations first response corps. Without this organizational oversight, the vast majority of our nation's physicians will likely not even be aware of these educational opportunities.

Conclusion

Camille was an eighty-two year old resident of the State of Mississippi. Her home was destroyed, she was found floating in putrid water, had sustained scrapes and abrasions to her body, and wanted to get back to her house as soon as possible to meet her friends for a bridge game. She was expertly rescued from her home by an elite group of our nations first responders – my colleagues from Ohio Task Force One. All who were NIMS compliant. Her care was transferred to an outstanding medical specialist – again from Ohio Task Force One who was NIMS compliant. He care was then transferred to me, her doctor, the only doctor in Pass Christian – who is NIMS compliant.

Camille was not seriously injured and during these initial stages of the response, vital local ambulance resources could not be utilized to transport her. Camille spent nearly a day with the task force. Camille suffered from dementia – likely Alzheimer's. She required constant attention, assistance with all activities of daily living, and was eventually transported by a citizen, and American willing to help another in this horrific time.

The success of this task force stems from the personal commitment of its members. The success of teams like North Carolina and the many other disaster response teams share this same level of commitment. Our nations newest members to the first responder ranks – physicians, nurses, and other health care providers will share in this same commitment and I encourage you, the elected leadership of this great nation to make all necessary provisions needed to enhance delivery of incident management education, to enhance communications for public safety forces, and to enforce legislation relating to compliance with the National Incident Management System.